

MCKAY-DEE HOSPITAL TRANSITIONAL CARE CENTER PROVIDER #: 465103 FACILITY BEDS TYPE ACTION: RECERTIFICATION
4401 HARRISON BOULEVARD PHONE NUMBER: (801) 387-2290 TOTAL: 14
OGDEN UT 84403 PARTICIPATION DATE: 06/05/1986 CERTIFIED: 14 TYPE OWNERSHIP: NONPROFIT - CORPORATION
STATE'S REGION CODE: 001

COMPLIANCE STATUS: FACILITY MEETS REQUIREMENTS BASED ON AN ACCEPTABLE PLAN OF CORRECTION

| | | | | | |
|-------------------------------|--------------------------------|--------------------------|-------|----|--------|
| RESIDENT CENSUS ON 04/27/2005 | LTC ADMISSION/SUSPENSION DATES | TOTAL CERTIFIED BEDS: 14 | | | |
| ----- | ----- | ----- | | | |
| TOTAL: 13 | ADMISSION SUSPENDED: | 18 | 18/19 | 19 | ICF/MR |
| MEDICARE: 11 | SUSPENSION RESCINDED: | -- | ---- | -- | ----- |
| MEDICAID: 0 | | | 14 | | |
| OTHER: 2 | | | | | |

CURRENT SURVEY REVISIT DATES - NONE

| PRIOR 3 | S/S | PRIOR 2 | S/S | PRIOR 1 | S/S | CURRENT | S/S | PLAN/DATE | |
|---------|------|---------|------|---------|------|------------|------|------------|----------------------|
| SURVEY | CODE | SURVEY | CODE | SURVEY | CODE | SURVEY | CODE | OF CORRECT | PROGRAM REQUIREMENTS |
| 07/2002 | | 06/2003 | | 05/2004 | | 04/27/2005 | | | |

*** NO DEFICIENCIES WERE FOUND ***

| | | | | | | |
|------------------------|---------|-----------|------------|---------------|--|------------------------------------|
| EDITION OF LSC APPLIED | | | | | | |
| 85 NEW | 85 NEW | 2000 EXIS | 2000 EXIS | | | |
| PRIOR 3 | PRIOR 2 | PRIOR 1 | CURRENT | PLAN/DATE | | |
| SURVEY | SURVEY | SURVEY | SURVEY | OF CORRECTION | | LSC DEFICIENCIES - BLDG NO. 01 |
| 07/2002 | 06/2003 | 05/2004 | 04/27/2005 | | | |
| | X | | | | | K0025-SMOKE PARTITION CONSTRUCTION |
| X | | X | X C | 06/21/2005 | | K0052-TESTING OF FIRE ALARM |
| | | X | | | | K0062-SPRINKLER SYSTEM MAINTENANCE |
| | | X | X C | 06/21/2005 | | K0075-WASTEBASKETS |
| X | X | | | | | K0076-MEDICAL GAS SYSTEM |
| | | | | | | K0130-OTHER |

C=DATE OF CORRECTION N=NO DATE GIVEN P=PLAN OF CORRECTION R=REFUSED TO CORRECT W=WAIVED F=FSSES X=DEFICIENT
COP = CONDITION REQ = REQUIREMENT

| TYPE OF DEFICIENCY | CURRENT SURVEY | PRIOR 1 SURVEY | PRIOR 2 SURVEY | PRIOR 3 SURVEY |
|---------------------------|----------------|----------------|----------------|----------------|
| ----- | ----- | ----- | ----- | ----- |
| CONDITION | 0 | 0 | 0 | 0 |
| REQUIREMENT | 0 | 0 | 0 | 0 |
| HEALTH TOTAL | 0 | 0 | 0 | 0 |
| LIFE SAFETY CODE | 2 | 3 | 2 | 2 |
| LIFE SAFETY CODE + HEALTH | 2 | 3 | 2 | 2 |

COMPLAINT SURVEY INFORMATION

* NO COMPLAINT SURVEYS FOR THIS FACILITY

FMS SURVEY INFORMATION

* NO FMS SURVEYS FOR THIS FACILITY